DOCUMENT RESUME

ED 259 256 CG 018 357

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TITLE Facing Up - Our School Has a Drug Problem.
PUB DATE Jan 85
NOTE 28p.; Paper presented at the Annual Meeting of the National Association of Social Workers (New Orleans, LA, January 31-February 3, 1985).
PUB TYPE Viewpoints (120) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Adolescents; *Attitude Change; *Drug Abuse; High Schools; Negative Attitudes; Parent Attitudes; *Prevention; *Program Attitudes; *Program Development; Program Implementation; School Activities; *School Social Workers; Student Attitudes

ABSTRACT

Studies have estimated that nearly 20 percent of high school students are experiencing life problems which can be directly attributed to their use of mood-altering chemicals. Many of these life problems, including truancy, declining academic performance, behavior problems, and chemical use itself, directly affect the school system. Any school district which attempts to develop and implement a chemical dependency program must deal with the affective barriers inherent in the topic of chemical dependency. Enabling attitudes (e.g., denial, minimization, justification) of students, parents, and school personnel inhibit efforts to deal effectively with chemical use problems. Expression of these attitudes is often an attempt to alleviate fear, desperation, guilt, embarrassment, helplessness, insecurity, and over-protectiveness. In order to initiate a chemical dependency program, these underlying feelings must be acknowledged and worked through with tough love and detachment. Social workers are uniquely qualified to design and implement school-based chemical dependency programs because of their skills in community organization, leading multi-disciplinary conferences, student and program advocacy, effective use of community resources, and individual and group work. Since social work education may not provide adequate knowledge about chemical dependency, school social workers interested in developing a chemical dependency program must find other training programs to increase their knowledge and understanding of this problem. (NRB)

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FACING UP -
OUR SCHOOL HAS A DRUG PROBLEM

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ABSTRACT PROPOSAL

FOR

1985 NASW SCHOOL SOCIAL WORK CONFERENCE

"EDUCATIONAL EXCELLENCE IN TRANSITIONAL TIMES"

During the last fifteen years public education has had the unenviable task of accomodating to and providing for a wide range of special needs groups. These groups include but are certainly not limited to the learning disabled, the physically handicapped, the mentally retarded, and those students who are harmfully involved with mood-altering chemicals. Certainly no special population impacts on education in general and on a school system specifically as do those students who have chemical use problems. When discussing education's role in attending to most of the special needs groups, there is usually a basic agreement on what the problem is and how it should be addressed. This is often not the case when discussing the issue of chemical abuse. Studies conducted at both the national and local levels estimate that nearly twenty percent of high school students are experiencing serious life problems which are directly attributable to their use of mood-altering chemicals. Many of these life probems, including truancy, declining academic performance, behavioral problems, and chemical use itself, all directly impact on a school system.

In the past, school districts have tried a conglomerate of approaches in an attempt to confront (or avoid) the problem of chemical use, abuse and dependency. These approaches include, but are not limited to, the following: Ignoring the problem ("Our school doesn't have a drug problem"), summarily

expelling students who are caught using or possessing mood-altering chemicals ("How dare you!" and "Out of sight, out of mind."), or specializing in the grandstand play by holding occasional police "busts" or school-wide searches ("See what we're doing!"). While there may be some merit in some of the above approaches, all too often the planning that has gone into dealing with the chemical-abusing student has shown inconsistency and attitudes marked by ignorance of the topic, fear, anxiety and anger. The end result usually is the impression that, "See, nothing works!". One fact still remains and that is that every school district <u>will</u> deal with the problems of teenage chemical use. It only remains as to <u>how</u> a district chooses to deal with that problem.

This paper will detail the development of one chemical dependency program. It will be possible to trace the development of a school system from a position of "We don't have a problem" to a position of designing and implementing a systems-based approach in dealing with students who are harmfully involved with mood-altering chemicals. In addition to looking at one school's chemical dependency program, important generic issues (policies, procedures, family and community involvement) will be addressed. This paper will also look at how social workers are uniquely qualified to design and implement school-based chemical dependency programs. Specifically, some of the skills important in such a program include: Advocating for existance of a program and for individual students, using existing school components effectively, leading multi-disciplinary case conferences, and using community resources.

INTRODUCTION

Only a relatively small body of literature currently exists which details the development of student assistance programs within school settings and of this lack of information none of these articles are readily available to social workers through traditional avenues of inquiry (social work journals, mental health publications, etc.).[1,2,3] In addition, the information that exists deals almost exclusively with the mechanics, the structure, the "nuts and bolts" (or in this day and age, the "hardware and software") of student assistance programs. While any school district or individuals within a school district who are attempting to develop a student assistance program will benefit greatly from the samples of policies, procedures, forms, and record-keeping methods which are outlined in these limited works, there is a more critical aspect to consider when looking at student assistance programs. This paper focuses on the affective issues involved in developing a student assistance or chemical dependency program in one school district and on the generic issues involved in establishing such a program in any school setting.[4]

In exploring the affective or emotional dimensions of designing and implementing a chemical dependency program, it seems especially illustrative to follow two parallel tracks. One track will highlight some of the dynamics inherent in intervening with a family who has a member who is chemically dependent or who suffers from chemical use problems that interfere with the individual's (and the family's) normal functioning.[5] A second track will focus

on intervening with the institution (in this case a school district) which has members, both students and employees, who are chemically dependent or who suffer from chemical use problems that interfere with the individual's (and the institution's) normal functioning. While it is a similar task to intervene with an individual family who has a member sufferring from a chemical use problem and to intervene with an institution who has members who are experiencing such problems, it is easier to intervene with the individual family. The institutional complications are fairly self-evident and include such factors as size, individual personalities, complicated systems of both formal and informal communication, etc.

Several "gospel truths" should be stated at this point.[6] The first truth is that all institutions, including restrictive institutions such as prisons and psychiatric hospitals have members--both the target population and staff--who are actively having chemical use problems. Estimates vary depending on the source, but it is generally accepted that 10-12 percent of the adult population have problems with their use of alcohol or other mood-altering chemicals and that 15-20 percent of teenagers have such problems. It would be absolutely incomprehensible to imagine that the students or staff of any public school setting are somehow magically immune from the reach of these numbers. A second truth is that any individual or school district who attempts to develop and implement a chemical dependency program must deal with the emotional (affective) barriers inherent in the topic of chemical dependency. These barriers will divert and complicate the purely logistical barriers such as "Where will the space, the money, the materials come from?" or

"What color forms will we use?" A third assumption or gospel truth, and by far the most important, is that if the affective issues which are described in the balance of this paper are not resolved, a school's chemical dependency program will cause more problems than it solves or at the very least will never realize its fullest potential.

SCHOOLS AND DRUG ABUSE IN THE SEVENTIES

Like many (probably most) school districts around the country during the 1970's, Northmont struggled with the "me first" attitude indicative of the times. All too often there existed an adversarial, siege mentality where parents, students, and schools all blamed one another for existing problems. Nowhere was this lack of cooperation more evident than in the area of drug abuse (an aging term reflective of a narrower focus than "chemical abuse"). School administrators felt handcuffed due to fear of infringing on civil rights;parents often felt powerless to intervene due to lack of knowledge and support; and the young persons themselves were trapped. Those students who were in trouble with their own use of mood-altering chemicals were often unable to break free of a powerful dependency, and those students who did not use chemicals (at least at school) were afraid to go into the restrooms for fear of what might be taking place there. While this author was not present at Northmont in the seventies, he was closely affiliated with school districts who were experiencing similar problems. Discussions with Northmont staff present during the 1970's bear out the tale in this district as well.[7]

THE ENABLING BEHAVIORS

While the fields of chemical dependency and school-based chemical dependency programs exist in intimate relationship to one another in terms of philosophy, terminology, values, and goals, it is beyond the scope of this work to look at both fields in detail. The myths and misconceptions which exist in the field of chemical dependency are best explained in other works.[8,9,10] In this paper we will look at only two issues, issues which bear strongly on school-based chemical dependency programs. The first issue is that of enabling.

The term "enabling" as defined by Webster's New World Dictionary is at least a neutral term and in fact is usually seen as a positive action. The definition of enable is "to make able; to provide with means, opportunity, power, or authority (to do something). . .." In the field of chemical dependency, though, enabling is held as unhealthy and even destructive to the individual, the family, and the school. If we put the matter in Mr. Webster's terms, we would be making able (to use and abuse mood-altering chemicals) and we would be providing with means, opportunity, power or authority (to use and abuse mood-altering chemicals). The enabling attitudes outlined in Table I fit the above definition to the fullest. As long as these attitudes and resultant behaviors exist to any degree, the individual, the family, and the school will not be able to deal effectively with their chemical use problems; they will find that they are pulling against themselves, frequently without realizing they are doing so.

It would be safe to assume that many of the enabling behaviors characteristic of denial, minimization, justification, etc., were prevalent at Northmont at one time. The ultimate enabling attitude existed in our district as it has at most schools who struggled through the 1970's; "We don't have a drug problem here!"[11] (There is a measure of accuracy in this statement for those schools which persist in this delusion. It's true that after the school day ends a particular school does not have a drug problem, the rest of the community has the problem). The above stance changed though in the spring of 1980 when Richard Whistler, superintendent of the Northmont City School District, appointed a task force of community and school leaders to study the options available in dealing with chemical use problems at both the school and community level. After a year of research and discussion, approximately twelve recommendations were made to the board of education, one of which was to hire a full-time staff person to coordinate the chemical dependency program. So much for "We don't have a problem here!"[12]

Given the initial support of the superintendent of schools many institutional enabling attitudes were mitigated. These attitudes can include such beliefs as: "There's nothing the school can do"; "It's not the school's place do do anything"; and "Let's just kick them out if they do drugs." The largest enabling issue which continues to arise is in the category of Avoiding/Placating. This stance surfaces for a variety of reasons including fear of lawsuits, overconcern about being a nice guy, concern over one's own personal use of mood-altering chemicals, or concern over a family

member's use of mood-altering chemicals. All of these reasons can hamper a staff member from insisting on accountability from a young person who is using alcohol or other chemicals. This fear of confrontation and hesitancy in expecting responsible behavior directly impacts on students who are not involved in chemical use themselves. While institutional (officially sanctioned) enabling attitudes have been minimized, individual staff members still retain some of these stances.

All of the enabling attitudes listed in Table I follow a general progression from total avoidance, to acknowledgment and attempts to provide a quick fix, to giving up. This progression roughly parallels the path of alcoholism and other chemical dependencies as first outlined by Glatt and later translated into terms of adolescent behavior by Rapp, Jones, and Szabo.[13,14] These enabling attitudes are a composite of beliefs and statements which families and school personnel use to attempt to minimize their own anxiety over an increasingly out of control situation, either in their own home or in the school setting. This is certainly not an exhaustive list, but these quotes certainly highlight many of the counterproductive stances that can and are taken in response to the problems associated with adolescent chemical dependency.

If we hold these enabling attitudes and resulting behaviors up against one test, we can see where the counterproductive and even destructive aspects of enabling occur. Chemical dependency is a

complex disease, which manifests itself physically, psychologically, and socially. The disease process is characterized by an increasing dependency on, pre-occupation with, and at the same time denial of, the use of mood-altering chemicals.[15] Try the exercise of reading through Table I and imagine that we are talking about say, cancer and not chemical dependency. Our enabling responses would seem cruel and ludicrous in such a situation. Again, the reader of this paper is encouraged to delve more deeply into the topic of chemical dependency to gain a better understanding of the nature of this illness.

For anyone who is experienced in chemical dependency treatment, the attitudes reflected by the enabling quotes need no explanation. The specific quotes are interchangable between family and school settings although the feelings are the same in both situations. The feelings which these stances are meant to alleviate include fear, desperation, guilt, embarassment, powerlessness, helplessness, insecurity, and over-protectiveness. Within the school setting, the specific quotes may be couched and veiled under discussions of budget limitations, lack of in-service time, not having enough time to spend with each student, etc., etc. No matter who in a school district initiates an organized program, whether it be superintendent, teacher, social worker, nurse, or parent, they must acknowledge the feelings behind the enabling attitudes and attempt to work with them through a process of tough love and detachment.

TOUGH LOVE AND DETACHMENT

The term "tough love" was first widely popularized by David and Phyllis York in their book, Tough Love: A Self Help Manual For Kids In Trouble.[15] For many people, lay persons and professionals alike, many of the suggestions and actions which came to be equated with York's book and the term tough love itself were associated with a stance of being uncaring, hostile, punitive, and rejecting. Similarly, the idea of detachment, which is a cornerstone of Alanon, also confuses many people. These people erroneously believe that to detach from a person who is having problems with chemical use means to turn one's back, to quit caring, and to reject the individual. Nothing is further from the truth. Detachment does mean allowing one's self to step back far enough from a chaotic situation so as to be able to make reasonable and calm decisions. When co-dependents (anyone, including a school, who is directly affected by a person's chemical dependency) are using tough love and detachment in tandem, it indicates that they care enough about themselves and the individual to make a planned, firm stand when it comes to the self-destructive actions that are a part of chemical dependency. Only when the sufferrer can begin to equate his use of mood-altering chemicals with the problems he is having in his life can he begin the recovery process. In most cases it is up to the co-dependents to initiate this opportunity for the dependent to look in the mirror. Both the acts of tough love and detachment require having the courage to sometimes take the emotionally difficult path to be honest with one's self

so as to gain the long-term goal, i.e., the person's recovery from a potentially fatal illness. In case these descriptions of tough love and detachment sound like empty sermonizing, see Table II for an overview of the specific steps by which a family and school can intervene in chemical dependency problems. The steps listed under SCHOOL are roughly in the chronological order followed by the Northmont School District in developing their program. Like all actions necessary for intervening into chemical dependency, it is not the only way, it is just the way which was successful for one setting.

As has been repeated throughout this work, the external trappings of forms, words, and press releases are not what makes an intervention effective, whether at the level of an individual family or at the level of school district of 6,000 plus students. At the same time the form, words, and press releases should reflect the position of the family or school indicating that they will do everything necessary to: 1) help the individual see the problems that chemical use is causing them; 2) hold the individual responsible for the consequences of their chemical use; 3) establish firm, clear, and consistent limits which will help the chemically dependent person (and family or school) to re-establish control of their life; and 4) structure and execute these actions in such a way as to promote a respect and dignity for the individual. Again, one can see Table II for the specific consequences of following a position of tough love and detachment.

SOCIAL WORK, CHEMICAL DEPENDENCY, AND CHEMICAL DEPENDENCY PROGRAMS

It would seem that social workers are uniquely qualified to design and implement school-based chemical dependency programs. The generic skills which social workers learn are fitted perfectly to the tasks inherent in developing and sustaining a chemical dependency program, almost. The skills which are readily usable in the school-based chemical dependency program include: community organization abilities, leading multi-disciplinary case conferences, advocacy for existence of a program and for individual students, effective use of community resources, and individual and group work skills. The one area in which social work education falls woefully short is in providing an adequate knowledge base about chemical dependency.

During this author's two year masters program in social work a total of fifteen minutes was devoted to alcoholism, only one of the chemical dependencies. Alcoholism ranks as the third leading health problem in this country and confronts social workers in hospitals, correctional facilities, mental health centers, community center, and yes, even schools. Despite the widespread prevalence of this often fatal disease only incidental attention has been given it in schools of social work as indicated by an as yet unfinished survey of social work programs. School social workers who wish to develop a chemical dependency program in a school setting will likely have to gain their knowledge through involvement in any of the excellent training offerred by such organizations as the Johnson Institute or Community Intervention.

Attendence at open meetings of Alcoholics Anonymous, Narcotics Anonymous, or Alanon would serve the social worker well in developing a truly personal appreciation of chemical dependency.

SUMMARY

This current paper has attempted to look at the affective dimension of designing and implementing school-based chemical dependency programs. Although several resources exist which detail the tangibles of such a program (forms, procedures, policies, etc.) it is proposed that the affective dimension of such programs must successfully be dealt with for he program to function to its fullest. Furthermore, there is great similarity between the processes involved in intervening with individual families who have chemical use problems and with school districts.

The enabling attitudes which hinder successful intervention and the attitudes of tough love and detachment are outlined as they apply to families and school districts. A brief look is taken at the assets which social workers possess as well as the major barrier which exists to social workers being involved with chemical dependency programs.

NOTES AND REFERENCES

1. See William O. Manning and Jean Vinton, Harmfully Involved: Updated, (Center City, Minnesota; Hazelden Educational Services, 1978).
2. See John Chambers and Ellen R. Morehouse, "A Cooperative Model for Preventing Alcohol and Drug Abuse," National Association of Secondary School Principals Bulletin, (January, 1983), pp. 81-87.
3. See The Student Assistance Program: An Overview, Wisconsin Department of Health and Human Services, Bureau of Alcohol and Other Drug Abuse, (Madison, Wisconsin, 1981).
4. The program at the Northmont City School District, Englewood, Ohio, began as a "substance abuse program" but has now been renamed the "chemical dependency program." While this is seemingly an insignificant action it does reflect a more current terminology in the field of alcohol and drug, i.e., chemical dependency treatment. Even this new title does not completely reflect the broad-brush function of Northmont's chemical dependency program. Students referred for possible chemical dependency problems will frequently be found, after evaluation to have other primary problems such as depression, physical illness, family problems, psychiatric disorders, etc.
5. For our purposes chemical dependency or chemical use problems can be described as that situation where an individual's use of any mood-altering chemical causes them recurring and profound problems in any of the major life areas (family, work/school, health, leisure/social, legal, financial, spiritual, or self-esteem). Mood-altering chemicals include any of the

myriad of substances in any of the following categories: depressants, stimulants, hallucinogens, marijuana, inhalants, and narcotics.

6. Chemical dependency professionals know instinctively many of the gospel truths of the field. This author has attempted to hit a middle ground between the knowledge base of chemical dependency professionals and those individuals who work with chemically dependent persons but who have little training in this field. See "Social Work, Chemical Dependency, and Chemical Dependency Programs" in this article.
7. Minnesota schools may have been an exception to the above described problems. Minnesota has mandated chemical dependency programs for all school districts since at least the mid-1970's.
8. See Vernon Johnson, I'll Quit Tomorrow, Revised Edition (New York, New York, Harper Row, 1980).
9. See Dorothy Cretcher, Steering Clear, Helping Your Child Through The High-Risk Drug Years (Minneapolis, Minnesota, Winston Press, 1982).
10. Manning, Harmfully Involved: Updated.
11. In fairness to Northmont and many other school districts that this author is familiar with useful knowledge did not readily exist (at least outside of Minnesota) prior to the late seventies.
12. The general content of the recommendations made by the superintendent's task force are included in Table II.
13. See M. M. Glatt, "Chart of Alcohol Addiction and Recovery," British Journal of Addiction (Vol. 54, No. 2, 1958).

14. See Richard C. Rapp, M. Peggy Jones, and Elroy Z. Szabo, "A Developmental Model for Adolescent Alcoholism," Grassroots Subscription Service (September-October, 1982), pp. 31-34.

15. See David and Phyllis York, Tough Love: A Self-Help Manual For Kids In Trouble (Sellersville, PA, Community Service Foundation, 1983).

TABLE I

ENABLING ATTITUDES

WHAT THEY ATTEMPT TO DO	HOW THEY SOUND: IN THE FAMILY	HOW THEY SOUND: AT SCHOOL	BEHAVIORS AND BELIEFS WHICH RESULT ON THE PART OF: FAMILY/SCHOOL	BEHAVIORS AND BELIEFS WHICH RESULT ON THE PART OF: THE INDIVIDUAL
Deny	"My child does not use drugs!"	"We don't have a drug problem at our school!"	No action is taken, for if there is no problem there is nothing to be done.	Loses faith and trust in the persons who are supposed to help with life problems.
Minimize	"He may drink once in a great while, but he's certainly not an alcoholic."	"It's only the bad kids."	The problem has been narrowly defined so efforts to intervene are limited.	Both the "good" and "bad" kids recognize the inaccurate and unfair nature of these stances.
Justify	"Kids will be kids, it's just a phase."	"She's only a freak, she's always done poorly in school."	This stance is a companion to something which the kids say--"Everyone does it" (uses drugs or drinks). Gives permission to use.	Permission to continue on as before because after all, "I'm just a freak (a kid) and what better (healthier) behavior can anyone expect.
Avoid/Placate	"I know those pills in your purse weren't really yours, but don't let it happen again."	"I'm cutting you a break this time because I know you've never done this before."	A first, nagging awareness that something is wrong is suppressed by believing the very unlikely.	"What dopes, I can't believe they're ignoring this." This sets the stage for future deceit.

Blame	"The school (everyone) is out to get my kid."	"Those parents are worthless."	Everyone is busy blaming everyone, while the individual continues to become more and more enmeshed in their dependency.	Exploits the division between two possible sources of help and continues to avoid responsibility.
Threaten	"If this happens again, I'm going to send you to live with your aunt (call the police, kick you out, etc.)"	"If this happens again we're going to expel you (call the police, call your parents, etc.)"	Both family and school become resentful and frustrated as they try increasingly desperate measures to deal with the situation. Empty words prevail here.	A great deal of tim and energy is spent avoiding threats and consequences. Preoccupation with chemical use is becoming complete.
Martyr	"If you loved me. . .."	"How dare you, you ruin this school for everyone else."	Guilt and desperation lead the co-dependent persons to a sense of hopelessness and complete entrapment in the disease.	The individual's overwhelming sense of guilt is intensified and he or she may "hit their bottom."
Quick Fix	"You're going to the police station for a good talking to."	"Let's bring the dogs in for a school search or police officers to talk to classes."	A hope that the problem can be solved quickly and painlessly. These stances assuage the feelings of the co-dependents, at least temporarily.	Bored. Treating a chemical dependency with these methods is like treating cancer with an aspirin.

Show that nothing works	"We've tried everything and nothing works."	"We can't win them all (so why try)."	This stance gives the co-dependents permission to stop trying and blame the user for all of their problems.	Hopelessness and resentment at being deserted.

TABLE II

TOUGH LOVE AND DETACHMENT. . .

	HOW THEY LOOK: IN THE FAMILY		HOW THEY LOOK: AT SCHOOL	WHAT THEY SOUND LIKE: IN THE FAMILY AND AT SCHOOL
Like:	A committment to act and to stop reacting Learning about chemical abuse and dependency from qualified experts and recovering persons Working at bringing own attitudes and behaviors in line with the facts	Like:	Organizing a community task force involving key persons in the school and community Publicizing the existence of the task force and soliciting input from qualified and concerned persons Developing and administering a drug use survey to all students grades seven through twelve Distributing the results of task force recommendations and survey results	"We'll do whatever we must to find out what is wrong." "If its a chemical dependency problem we'll get professional help."
Like:	Setting limits, developing a clear and consistent set of rights and responsibilities Thinking in terms of logical and natural consequences	Like:	Recommending board approval of a specific policy, procedure and philosophy relating to chemical dependency Designing a student code of conduct	"I will not call the school and say you're sick when you're really hungover." "You lose driving privileges because you were drinking and driving."

Like:	Making plans for an intervention if necessary (a specific approach developed to help the dependent person see their situation and accept help).	Like:	Training staff in the use of a student assistance (referral) form Mandatory training in chemical dependency for all staff	"I will not accept that everyone does drugs, that you have to use drugs to be accepted, that there is any reason to use chemicals that interfere with your life."
Like:	Becoming involved in support groups such as Alanon, Alateen, etc.	Like:	Bringing together a core team of key staff members to set direction for the chemical dependency program Networking with other schools who have chemical dependency or student assistance programs	"We're in this together and together we'll help each other find the answers."
Like:	Not giving-in to the personal and societal pressures that young persons face regarding chemical use Promoting the on-going recovery of the individual and of the family and encouraging healthy attitudes about life in general	Like:	Assisting in the development of in-school support groups, prevention programs and district-wide wellness campaigns	"Recovering from chemical use problems means developing a totally new outlook on what it means to be happy and healthy."